

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213559659						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Southern Pilot Insurance Company</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: WI</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2013</p> <p>SCC ID NO: F0165540</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>500,000</td> </tr> <tr> <td>PREFER</td> <td>250,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	500,000	PREFER	250,000
CLASS	AUTHORIZED							
COMMON	500,000							
PREFER	250,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: ONE GENERAL DR</p> <p style="text-align: center;">CITY/ST/ZIP: SUN PRAIRIE, WI 53596</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DOMINGO A CID TITLE: PRESIDENT ADDRESS: WALL STREET PLAZA 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DOMINGO A CID TITLE: PRESIDENT ADDRESS: WALL STREET PLAZA 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
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NAME:	GREGORY DEAL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7333 SUNWOOD DRIVE		
CITY/ST/ZIP/CO:	RAMSEY, MN 55303		
NAME:	Marty Becker	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	WALL STREET PLAZA		
CITY/ST/ZIP/CO:	88 PINE STREET NEW YORK, NY 10005		
NAME:	Richard Dziadzio	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	WALL STREET PLAZA		
CITY/ST/ZIP/CO:	88 PINE STREET NEW YORK, NY 10005		
NAME:	SUE HARNETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	WALL STREET PLAZA		
CITY/ST/ZIP/CO:	88 PINE STREET NEW YORK, NY 10005		
NAME:	JOHN LANGIONE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	WALL STREET PLAZA		
CITY/ST/ZIP/CO:	88 PINE STREET NEW YORK, NY 10005		
NAME:	MARC METCALF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Wall Street Plaza		
CITY/ST/ZIP/CO:	88 Pine Street New York, NY 10005		
NAME:	JOHN NEAL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	WALL STREET PLAZA		
CITY/ST/ZIP/CO:	88 PINE STREET NEW YORK, NY 10005		
NAME:	Jeff Grange	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	WALL STREET PLAZA		
CITY/ST/ZIP/CO:	88 PINE STREET NEW YORK, NY 10005		
NAME:	Truett Tate	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	WALL STREET PLAZA		
CITY/ST/ZIP/CO:	88 PINE STREET NEW YORK, NY 10005		
NAME:	David Duclos	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	WALL STREET PLAZA		
CITY/ST/ZIP/CO:	88 PINE STREET NEW YORK, NY 10005		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JODIE L BURTNETT	JODIE L BURTNETT, ASST	12/16/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.